

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-007198

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 146 Primary Registration District No. 4237 Registrar's No. 120

FILED MAR 15 1963

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Raytown</u>		c. CITY OR TOWN <u>Raytown</u>	
Length of stay in lb <u>18 yrs.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>7923 HARRIS</u>		d. STREET ADDRESS (If outside, give location) <u>7923 HARRIS</u>	
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Don</u> Middle <u>Muriel</u> Last <u>France</u>			4. DATE OF DEATH Month <u>MARCH</u> Day <u>8</u> Year <u>1963</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-19-1883</u>	9. AGE (last birthday) <u>79</u>	10. IF UNDER 1 YEAR Months <u>7</u> Days <u>19</u> Hours <u>19</u> Min. <u>19</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARPENTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (City and state or country) <u>South Bend-Penn.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>		13a. FATHER'S NAME <u>Ambrose France</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Blystone</u>	
14. NAME OF HUSBAND OR WIFE <u>LENA M. FRANCE</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of) <u>No</u>		16. SOCIAL SECURITY NO. <u>71 Mrs. Lena M. France</u>	
17. INFORMANT <u>7923 Harris</u>		18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY.) IMMEDIATE CAUSE (a) <u>Working late hours</u> CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		19. CARBON MONOXIDE POISONING INTERVAL BETWEEN ONSET AND DEATH	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>In garage with car running</u>	
20c. TIME OF INJURY Hour <u>3</u> a.m. <u>8</u> p.m. Month, Day, Year <u>3-8-63</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Garage</u>		20f. CITY, TOWN, OR LOCATION <u>Raytown</u>	
COUNTY <u>Jackson</u>		STATE <u>Missouri</u>	

21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>Dr. C. C. Roach, Jr. M.D.</u>	22b. ADDRESS <u>6627 Prairie St. St. Louis</u>
22c. DATE SIGNED <u>3-9-63</u>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>Mar. 11-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Maple Hill Cem.</u>	23d. LOCATION (City, town, or county) <u>Kansas</u>
24. FUNERAL DIRECTOR <u>Hinton Funeral Home</u>	25. DATE RECD. BY LOCAL REG. <u>Mar. 10-1963</u>	26. REGISTRAR'S SIGNATURE <u>Alta L. Craig</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

4/5/63

Pending Lab. Exam.

4/5/63

Carbon monoxide poisoning

4/5/63

Accident?--In garage with car running

4/5/63

Raytown, Jackson Co. Mo.

BY AFFIDAVIT of attending physician &amp; coroner

MAR 19 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Forrest D. Coldman

Licensed Embalmer No. 4714

P. O. Address K. P. Yms.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.